

LOVE MAGIC

832 The approach of a man toward a woman he desires is primarily through magic. Personal beauty, adornment, and "flirting" are all of assistance, but to the native real success depends upon magic. When a man wants to possess a certain woman he makes a magical spell for her, or if he does not know one he will pay a man famed for his love magic to make one. There is no particular difference in its efficacy if the lover makes it himself or has someone else do it for him. But the spell must be made, for without it no man can hope to win a woman. While it is more common for a man to make magic for a woman, there are also spells for a woman to court a man.

832 Underlying the use of love magic is a physiological theory
● 826 that the seat of passion and all emotion is in the stomach,
828 and that the spell causes a woman's abdomen to become agitated and desire the man, and that then her whole body becomes excited and wants him. The girl may be miles away when the spell is performed, but that night she dreams of the man and the next morning she desires him. Then she usually sits in a kind of lethargy and will not eat, smoke, talk, or work, or go through any of the other normal routine occupations of the day. Instead she merely sits, languid and dreamy, sometimes weeping, and is afraid she will die if she does not get to the man. Finally she can stand it no longer and goes to him.

832 A few of the spells follow.
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Kerum timaniga
Kandum kumbetitia
Nulis imbamb
niso rae noso rum goorum so rym
Ti ini so rum

Freely translated: "Go, go down the neck, into the

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fortable for her to lie on the sand which formed the floor than on the rather narrow bamboo bed. Ongas, with his daughter, went into this house and sat on the bed close to where Pulong was lying on the sand. This was the first time he had seen his wife since she gave birth to the dead infant, and he wept. Presently he got up and took the fishing-net, which stood in the corner, out of the house and put it in another house. This seemed to be merely for the sake of something to do, although there was a vague idea that the fishing-net might be in the way. Then he brought a coconut shell filled with powdered lime from the house where Pulong had been to where she now was. The other men had gone to another feast at the far end of the village, but Ongas remained at home, grieving.

The next day Pulong was a little better, and it was thought that she would live. Yesterday that was considered doubtful. Then Ongas could not talk about it, but when the danger was past he was able to tell me how terribly sad he felt yesterday when he thought his wife was going to die, and that when he thought of the future without her he did not know how he could bear it. Who would look after him? And the loss of companionship! There was no mistaking either his very real grief or his true affection for his wife. His sorrow, like all other emotions, was felt in his abdomen.

● [826] Pulong continued to improve, and in a few days' time she walked a few paces for the first time. Ongas held her affectionately by the arm and half supported her as she took a few steps on the beach. However, she quickly felt faint. The next day Ongas roamed the bush looking for sugar-cane, for which she had expressed a desire. A few days later he made a new bed for her, which he said would be more comfortable than the old one. When he was not busy getting a coconut, or sugar-cane, or performing some other service for his sick wife, he sat either in the house with her or in front. He was the perfectly devoted husband. In attendance

The record depends entirely on the information given me by mothers who named their children in the order in which they were born, and then described those who died by saying "died while still breast-feeding", or "died after having finished with breast-feeding". Others standing by refreshed the memory of a mother as to names of children and approximate age at death when she appeared uncertain. Relatively few mothers had to be assisted in this way, but in one or two villages the information is not to be relied upon. 165

On looking down this column one finds that deaths during lactation are more numerous in some villages than in others, e.g., seven villages on the lower road between Kandan and Karu average 33 per cent. of issue dying during lactation. It is in this vicinity that the high central range runs close to the coast, its slopes falling abruptly down to the water's edge where the villages are built usually on coral cliffs. The cold mountain winds and rains sweep through them day and night, producing a climatic condition of sudden changes from heat to cold, which must be exceedingly dangerous for people who live there practically in nakedness. The garden lands are scattered all over the place, mostly on the steep mountain sides, and garden work is probably more strenuous than it is in the districts nearer to Kavieng, especially for pregnant women, or women nursing children that have to be carried about by their mothers when working in their gardens or looking for shell fish in the sea. I saw infants being fed on solid foods, and it was quite a common thing to meet pregnant women or women with babies trudging up and down the mountain sides on their way to and from the gardens, with enormous bags of food, and infants sitting on top of the bags. On discussing with the men the question of women resting while pregnant, I was told that the women insist on doing their share of the work at this period for fear of being shamed by other women, especially the older ones, who laugh at them if they become more careful with pregnancy and talk in a superior way of what women did and endured in olden times. At the same time, my informant pointed out, a husband steps in and relieves his wife as much as possible of heavy work during the period of gestation and lactation. I was also told that men try to keep their wives out of the water during these periods by doing more shell-fishing themselves. This may be so in a few individual cases, but I am inclined to think that most of the women have to bear their burden alone, and, as the conditions of life are rather too strenuous at this end of the road for child-bearing women, the health of both the mother and the child suffers, with disastrous results to the child. This, to my mind, accounts for the low issue rate and heavy infant mortality rate in this group of villages. Being situated where they are, far from any plantation and over 100 miles from the Medical Officer at Kavieng, places them out of reach of the present medical service, which is not able to cope 165